STATE OF MAINE



COMMISSION ON GOVERNMENTAL ETHICS AND ELECTION PRACTICES

Mail: 135 State House Station, Augusta, Maine 04333-0135

Office: 242 State Street, Augusta, Maine Tel: (207)287-4179 FAX: 287-6775

Website: www.maine.gov/ethics.

STATEMENT OF SOURCES OF INCOME I M.R.S.A. §§ 1016-A et seg.

COVERING THE CALENDAR YEAR JANUARY 1, 2006 THROUGH DECEMBER 31, 2006

FULL NAME: _ MAILING ADDRESS:	Torqueline Ar Lundeen	Please the Di	check the appropriate box and fill in strict number.
CITY:	MARS Hill, Maine		Member of the Senate, District
ZIP CODE:	<u>04758</u>		
PHONE NUMBER:	207-429-8558	\boxtimes	Member of the House, District

GENERAL INSTRUCTIONS

1. Please file this statement with the Clerk of the House or the Secretary of the Senate by:

5:00 p.m. on February 15, 2007.

- The report covers you, your spouse, and your dependent children.
- 3. Report only specific sources of income. Dollar amounts need not be listed.
- Campaign contributions duly recorded as required by law need not be reported in this statement.
- 5. Attach additional sheets if needed. Label attachments with your name, address, and the date.
- Please sign on Page 4.
- 7. The completed statements will be posted as a 'pdf' on the Commission's website.
- 8. State law (1 M.R.S.A. § 1018) requires Legislators to file an updated statement with the Commission within 30 days of any change to the information relating to the preceding year. Additionally, the law (1 M.R.S.A. § 1016-B (2)) requires Legislators to make a supplementary statement to the Commission of any reportable liability within 30 days after it is incurred.

PLEASE KEEP A COPY OF THIS STATEMENT FOR YOUR	FILES.
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Disclosure statements are made available to members of the public upon request.

Thank you for your cooperation.

PART I. INCOME DERIVED FROM EMPLOYMENT BY ANOTHER. Name each employer from whom you received compensation of \$1,000 or more. Specify also the principal type of economic activity of each employer.

Name of Employer	<u>Address</u>	Principal Type of Economic Activity of Employer
West Rile-FALL	MS 509 MARS HILL	
·	·	
·		
ART II. INCOME DERIVED FRO	M SELF-EMPLOYMENT. (For Leg	ristators who are self-amples at \
and addicab of April	11 1103111688 IT 9113/ 94/6 Det the magica and	rstators who are self-employed.) cas of economic activity from which you derive as similar business entity, list the major areas
Name and Address of Business Entity Major	Areas of Economic Activity (self)	Major Areas of Economic Activity (partnership, association or similar business entity
derived such income. If this form	of disclosure is prohibited by less	
derived such income. If this form		ctivity of the entity or person from whom you
derived such income. If this form of specify only the principal type of each	of disclosure is prohibited by law, rule, conomic activity of the entity or person	ctivity of the entity or person from whom you or an established code of professional ethics, from whom the income was derived. Principal Type of Economic Activity of Entity or Person Who Is the
derived such income. If this form of specify only the principal type of each	of disclosure is prohibited by law, rule, conomic activity of the entity or person	ctivity of the entity or person from whom yo or an established code of professional ethics from whom the income was derived. Principal Type of Economic Activity of Entity or Person Who Is the
derived such income. If this form of specify only the principal type of each	of disclosure is prohibited by law, rule, conomic activity of the entity or person	ctivity of the entity or person from whom yo or an established code of professional ethics from whom the income was derived. Principal Type of Economic Activity of Entity or Person Who Is the
Name of Source Name of Source	of disclosure is prohibited by law, rule, conomic activity of the entity or person Address	ctivity of the entity or person from whom yo or an established code of professional ethics from whom the income was derived. Principal Type of Economic Activity of Entity or Person Who Is the Source of Income
Name of Source Name of Source	of disclosure is prohibited by law, rule, conomic activity of the entity or person Address	ctivity of the entity or person from whom yo or an established code of professional ethics from whom the income was derived. Principal Type of Economic Activity of Entity or Person Who Is the Source of Income
Name of Source RT III. MAJOR AREAS OF PRACTice. If associated with a law firm, list	Address CTICE. (For Legislators who are attority the major areas of practice of your firm Major Areas of Practice (self)	ctivity of the entity or person from whom you or an established code of professional ethics, from whom the income was derived. Principal Type of Economic Activity of Entity or Person Who Is the Source of Income news-at-law only.) List your major areas of a. Major Areas of Practice
Name of Source RT III. MAJOR AREAS OF PRACTice. If associated with a law firm, list	Address TICE. (For Legislators who are attors the major areas of practice of your firm Major Areas of Practice (self)	ctivity of the entity or person from whom yo or an established code of professional ethics from whom the income was derived. Principal Type of Economic Activity of Entity or Person Who Is the Source of Income news-at-law only.) List your major areas of a. Major Areas of Practice

PART IV. OTHER SOURCES OF INCOME. Name each source of income of \$1,000 or more not listed in Parts I, II, or III of this form. Do not include gifts. If none, so state.

	$\underline{\mathbf{Address}}$	Kind of Income
1. NONC		th
ART V. DISCLOSURE OF RE	PORTABLE LIABILITIES. List the na	man of auditum fo
Name of Creditor	Address of Creditor	Principal Type of Economic Activity of Creditor
NONC_		
ART VI. DISCLOSURE OF GH	PTS. Name the specific source of each of	
eregate value of more than \$300 from	FTS. Name the specific source of each git m a single source. If none, so state. 3.	f of more than \$300. Include gifts with
ART VI. DISCLOSURE OF GU gregate value of more than \$300 from NON RT VII. DISCLOSURE OF HO ated to your official duties. If none,	PTS. Name the specific source of each gifm a single source. If none, so state. 3. 4. DNORARIA. List the source of any hones so state.	of more than \$300. Include gifts with
RT VI. DISCLOSURE OF GU gregate value of more than \$300 from NON RT VII. DISCLOSURE OF HO ated to your official duties. If none,	PTS. Name the specific source of each girm a single source. If none, so state. 3. 4. DNORARIA. List the source of any hone so state. 3.	of more than \$300. Include gifts with
gregate value of more than \$300 from	PTS. Name the specific source of each girm a single source. If none, so state. 3. 4. DNORARIA. List the source of any hone so state. 3.	of more than \$300. Include gifts with
RT VI. DISCLOSURE OF GU gregate value of more than \$300 from NON RT VII. DISCLOSURE OF HO ated to your official duties. If none, RT VIII. REPRESENTATION I represented or assisted others for co	PTS. Name the specific source of each gift masingle source. If none, so state. 3. 4. DNORARIA. List the source of any hone so state. 3. 4. BEFORE STATE AGENCIES. Identify compensation of any amount. If none, so state. 3. 3.	of more than \$300. Include gifts with

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	with a value in excess of \$1,000 during the reporting period. If none, so state, 2
PART X. INCOME RECEIVED BY MEMI	BERS OF IMMEDIATE FAMILY.
List the type of economic activity representing a child(ren) during the reporting period and the kincome received by spouse and (D) beside source.	each source of income of \$1,000 or more received by your spouse or dependentind of income represented. Do not include gifts. Indicate (S) beside sources of the come received by dependent(s).
Type of Economic Activity Representing Each Source of	
Income Received	Kind of Income
1. Semi Driver	Em play ment
2.	- Profilery
3	
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Attorney General. If the Commission de tatement or has willfully filed a false stanterest on every question and shall be paranch of the Legislature, and shall not a	t shall be a Class E crime. If the Commission concludes that it led a false statement, it shall refer its findings of fact to the etermines that a Legislator has willfully failed to file a required atement, the Legislator shall be presumed to have a conflict of recluded from voting on any question in committee or in either attempt to influence the outcome of any question. A Legislator ment is subject to a civil penalty not to exceed \$1,000, payable to a. (1 M.R.S.A. § 1019)
Jacqueline d. J.	undeen 1-4-07